

# LWE PTO Reimbursement Form

(when you need reimbursement for an expense)

## Personal Information



Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

## Account Information

Make Check Payable to: \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_

Reason for Reimbursement: \_\_\_\_\_

\_\_\_\_\_

Please attach receipt(s) for the total amount to the back of this form.

Please mail the check to me.  I will arrange to pick up the check.

## Treasurer's Box

Check #:

\_\_\_\_\_

Check Amount:

\$ \_\_\_\_\_

Initials:

\_\_\_\_\_

Ledger Account:

\_\_\_\_\_

## Final Details

Accepted by (PTO Treasurer):

\_\_\_\_\_

Date:

\_\_\_\_\_

→ Thank you!! Your friendly PTO Treasurer